



THE CITY OF KEY WEST

Post Office Box 1409
Key West, FL 33041-1409
305-809-3956

TRANSIENT LICENSE APPLICATION

1. Street Address: _____ Number units: _____
 2. RE#: _____ City Occupational License #: _____
 3. Owner(s) Name: _____ Phone: _____

Mailing Address: _____

 4. Gross square footage of the property: _____ Off-street parking spaces: _____

Number of: rooms: _____ bedrooms: _____ kitchens: _____
 5. Federal ID# or Social Security#: _____
 6. Sales Tax #: _____
 7. Person responsible for transient unit on a 24-hour basis:

Name: _____

Address: _____

Phone: _____
- Must attach:
- ☐ Deed
 - ☐ Fire Marshall Inspection -- call (305) 292-8179
 - ☐ State License

Fee is \$125 per unit. Total due: _____